



## FAIRFAX COUNTY PARK AUTHORITY

12055 Government Center Parkway, Suite 927  
Fairfax, VA 22035-1118



Dear Applicant:

We are pleased you have expressed an interest in our 2012 summer season of Rec-PAC. We will have programs in 50 Fairfax County Public Schools throughout Fairfax County. To be considered for an interview with the summer camp programs, please complete the attached application and bring it with you to one of the following Open Hire dates:

Date	Time	Location	Address
March 9	12:00-4:30pm	Government Center Herrity Building	12055 Government Center Pky Fairfax, VA 22035
April 11	5:00-8:00pm	Mount Eagle Elementary	6116 North Kings Highway, Alexandria, VA 22303
May 22	12:00-4:30pm	Government Center Herrity Building	12055 Government Center Pky Fairfax, VA 22035
May 31	12:00-4:30pm	Government Center Herrity Building	12055 Government Center Pky Fairfax, VA 22035

If you are unable to attend the mandatory orientation, training sessions or you cannot commit to the entire length of the program you will not be eligible to work for the Rec-PAC Program. Please visit our website for more program information at [www.fairfaxcounty.gov/parks](http://www.fairfaxcounty.gov/parks).

In order to attend an Open Hire you must bring a social security card, driver's license and bank information to be considered for employment. Should you have further questions, please do not hesitate to contact the Rec-PAC office in the Youth Services Section at [RecPAC@fairfaxcounty.gov](mailto:RecPAC@fairfaxcounty.gov) Please leave a message and we will contact you with detailed information.

Sincerely,  
Michael K. Bonneville, Manager  
Rec-PAC Program  
Youth Services Branch

# Fairfax County Park Authority



## Rec-PAC Leader

### **Job Description:**

Under the supervision of the Area Supervisor and Site Director, the Camp Counselor is responsible for the program planning and implementation of the recreational day camp program. This includes all field trips, pool activities, and special events where applicable. The Camp Counselor shall adhere to all guidelines outlined in the Training Manual and Program Manual. He/She will be responsible for organizing and maintaining all camp equipment, supplies, and camp areas. The Camp Counselor will be responsible for preparing and distributing camp activity calendars and activity summaries. He/She will be responsible for documenting all accidents, injuries, incidents, complaints, and problems. In addition, Camp Counselors are responsible for the overall supervision of the children enrolled in the program including: ensuring health & safety precautions are met, complying with FCPA Standard Operating Procedures, and adhering to the VA Department of Social Services child care regulations (Pertains to RECenter licensed camps).

### **Qualifications:**

Staff must possess the following:

- Good character and reputation
- Available for all training and orientations
- Communication skills both orally and written
- Ability to take initiative to complete tasks

All staff must be at least 18 years of age and have a minimum of 2 seasons experience -working with children in a group setting.

In addition, all Camp Counselors must:

1. Agree to a Criminal Background Check, including fingerprinting and a Central Registry Check completed by Child Protective Services. This must be done before the first day of orientation.
2. Provide negative TB test results (Valid for two years).
3. Attendance at mandatory staff development, training, and site orientation.
4. Have current First Aid and CPR certifications good through the program dates.
5. Have NEVER been convicted of a felony or a misdemeanor related to abuse, neglect, exploitation, or other barrier crimes as listed on the Sworn Disclosure Statement of the Criminal Record Check



Fairfax County Park Authority  
Employment Application  
(for Non-Merit Positions)

\* For Camp staff, two recommendations must be submitted with application and applicant must be at least 18 years old.

Job applied for \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
City State Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home Cell

Social Security # \_\_\_\_\_  
(Bring SS card to interview)

\* Proof of identity and eligibility for employment in the U.S. is needed (prefer driver's license and SS Card)

Are you legally eligible to work in the U.S.? ( ) Yes ( ) No

If you are not an U.S. citizen, are there any restrictions on your eligibility for employment?

Have you ever worked for Fairfax County ( ) Yes ( ) No

If yes, which agency? \_\_\_\_\_ When? \_\_\_\_\_

Current/Former County Grade? \_\_\_\_\_

Are you receiving a retirement benefit from Fairfax County ( ) Yes ( ) No

Do you have a driver's license ( ) Yes ( ) No

Do you have transportation to and from work ( ) Yes ( ) No

Education: Do you have a high school diploma? ( ) Yes ( ) No

Have you passed a G.E.D.? ( ) Yes ( ) No

Name and location of the last high school you attended: \_\_\_\_\_

Higher Education:

School Name/Location	From/To	Credits Earned	Degree	Area of Study

Special Qualifications/skills (typing, shorthand, foreign languages, professional licenses, certifications, etc.)

Are you able to perform the essential duties of the job for which you are applying with or without reasonable accommodation? ( ) Yes ( ) No If no please explain.

Have you ever been convicted of any offense against the law? ( ) Yes ( ) No

Omit juvenile offenses and minor traffic violations. Include convictions by general court martial while in military.

If yes, give date, place, charge, court and fine or sentence.

A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Please give all facts.

\_\_\_\_\_

Have you ever been fired or asked to resign from a job? ( ) Yes ( ) No If yes, give name and address of employer and describe reason: \_\_\_\_\_ A firing or resignation does not automatically exclude you from employment. The circumstance, time elapsed, and recent employment record will be considered.

Date available to begin work \_\_\_\_\_ Hours available per week? \_\_\_\_\_

Hours Available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Experience: The selection process for most positions involves an evaluation of relevant education and experience. Therefore, it is important you provide enough details so your qualifications can be properly evaluated. Start with most recent employment first. Include military service and volunteering. You may attach additional pages or personal resume. Complete all requested information.

Present Employer	Date From	Date to
Address	Avg Hrs/Wk	Telephone Number
Job Title	Starting Salary	Ending Salary
Supervisor's Name	Duties/Responsibilities	
Reason for Leaving		

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Reason for Leaving		

Please list other employment experience on the back.

I certify that all of the statements made on this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun work. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fairfax County Park Authority**  
**Rec-PAC Program**  
**Staff Rules of Conduct**



**Staff agrees to:**

- ❖ A CPS and Criminal Background Check (Fingerprinting) prior to orientation & training days.
- ❖ Attend mandatory training and planning sessions.
- ❖ Obtain on your own and submit first aid and CPR certifications, before the start of camp.
- ❖ Obtain and submit a TB test result, before the start of camp.
- ❖ Participate fully in the preparation of daily plans, calendars for parents, activity summaries and other communication tools.
- ❖ Greet all parents, children and visitors at arrival and departure.
- ❖ Be involved and engaged with campers through out the entire camp day.
- ❖ Establish and review rules with campers on a daily basis.
- ❖ Conduct/Participate in a practice fire drill and shelter-in-place drill as required.
- ❖ Get to know campers' names on the first day and be familiar with any allergies, special needs or medications child is taking
- ❖ Never use physical punishment, never restrain or force a child.
- ❖ Be of good character –fostering the Character Counts Program.
- ❖ Respect others in what you say and do.
- ❖ Keep campers' information confidential.
- ❖ Use appropriate language at all times when at work (example: at camp counselor orientation, planning session & during the regular camp day, etc).
- ❖ Take care of your own personal belongings & keep belongings out of children's reach.
- ❖ Use equipment and supplies in a safe and appropriate manner.
- ❖ Teasing and bullying are not tolerated and are grounds for enrollment termination for campers; staff should take immediate action when these behaviors are observed.
- ❖ Never say or do anything that campers might perceive as teasing and/or bullying.
- ❖ Create a safe and fun environment.
- ❖ Notify Area Supervisor/Site Director, when there are behavior problems & follow disciplinary procedures.
- ❖ Notify Area Supervisor/Site Director, if a child is injured...this includes broken or lost teeth, bruises, and cuts. Complete necessary accident reports & turn in to the Director the same day as injury.
- ❖ Report problems to supervisors concerning campers and staff and use appropriate chain of command.
- ❖ Follow FCPA standards and policies.
- ❖ Ensure children leave with authorized individuals only.
- ❖ Review children's Registration Forms for allergies, special precautions, etc at the beginning of every session.
- ❖ Never come to work while under the influence of any drugs or alcohol.
- ❖ Never videotape or photograph children or other staff or events associated with FCPA for posting on social media websites such as my space, you tube, etc. Posting a photo or video with association to FCPA Rec-PAC, camps or other programs may result in immediate termination and/or further action.
- ❖ Conduct themselves professionally at all times, with CIT's, campers, parents, school staff and fellow coworkers.
- ❖ Not use explicit language among coworkers, CIT's, campers and parents.
- ❖ Discuss employment issues with supervisor (parents and legal guardians are not permitted to inquire about your employment without a signed consent form)
- ❖ Not use tobacco products on school property. This is strictly prohibited.
- ❖ Not to discuss "after work" activities with or around campers at anytime.
- ❖ Not engage campers and/or CITs (minors) on social websites.

- ❖ Complete all necessary background checks and personnel paperwork before training. Your position with Rec-PAC is contingent upon completing **all** personnel requirements.
- ❖ Adhere to the Employment Placement policy which is based on the need of the program. All staff are subject to move locations at any time based on the needs of the program. Employees are not guaranteed a minimum number of work hours per week.

The following dress code is enforced to ensure staff consistently presents themselves as professionals and proper role models while fostering a positive self image. Site management may have additional dress code regulations.

- 1.) FCPA issued camp staff shirt must be worn each day (you will be issued more than one)
- 2.) You may not alter the camp staff shirt
- 3.) You must wear closed-toed shoes; no sandals, no Tevas, no flip flops, etc
- 4.) Shorts may be worn as long as they are below mid-thigh
- 5.) No jeans or jean shorts
- 6.) Hats: no skull caps, no bandanas. Baseball hats are acceptable only if worn with lid facing forward (backwards/sideways not permitted) and may not be worn inside the school building
- 7.) No Lycra or Spandex clothing
- 8.) For safety reasons, dangling jewelry (hoops, etc) is prohibited
- 9.) Swimsuits for women must be one piece or tankinis
- 10.) Shorts, hats, etc shall not have pictures or words implying or relating to profanity, vulgarity or sexual connotations
- 11.) Staff must come to work clean and neatly groomed

Failure to come to work properly dressed will result in a dock in pay.

**\*\*Cell phones, PDA's, pagers and other multimedia/interactive devices must be turned off or onto vibrate during work hours (including extended care) unless issued by your supervisor or permission is granted by your supervisor for use of personal devices. No personal phone calls or text messages are permitted during work hours.**

Initial on appropriate line:

- ❖ I have read & understand the dress code and cell phone policy - \_\_\_\_\_
- ❖ I have read & understand Disciplinary Procedures for campers- \_\_\_\_\_
- ❖ Chain of command for all camp issues, from staff issues to camper issues is as follows:  
Site Director - Area Supervisor - Program Manager. I have read & understand the chain of command- \_\_\_\_\_

These policies can be found at this website. Please review and initial below:

<http://www.fairfaxcounty.gov/parks/employment/summercampjobs.htm>

- ❖ I have read & understand the County's policy on Sexual Harassment - \_\_\_\_\_
- ❖ I have read & understand the agency's Diversity policy - \_\_\_\_\_
- ❖ I have read & understand the County's policy on Workplace Violence \_\_\_\_\_
- ❖ I have read & understand the County's Standards of Conduct/Code of Ethics - \_\_\_\_\_

**Grounds for Immediate Dismissal:**

- FCPA reserves the right to terminate employment, at any time, if an employee is not complying with the Staff Rules of Conduct or other FCPA policies.

I have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone. Employee's Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_



## Fairfax County Park Authority Employee's Emergency and Medical Information

Employee's Name: \_\_\_\_\_ DOB: / / / / / /  
Last First MI MO DAY YR

Address: \_\_\_\_\_  
Street City State Zip  
Phone (h): \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_  
Street City State Zip  
Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Physician (name & phone) \_\_\_\_\_

Insurance Company (name & policy #) \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Are you under physician's care or taking medications on a continuing basis? If yes, please explain what for.

\_\_\_ Yes \_\_\_ No Do you have a contagious disease? If yes, please describe.

\_\_\_ Yes \_\_\_ No Do you have any allergies? If yes, please specify allergies.

What should be done if you come into contact with an allergen? \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Do you have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.

\_\_\_ Yes \_\_\_ No Do you take medications? If yes, please list.

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for me at the nearest facility in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment for me from my physician or through any FCPA authorized physician. I understand that I am responsible for medical expenses incurred by me and that FCPA advises that I carry health insurance. I have read the policies for the program and agree to adhere to them. I certify that the above information is complete and correct.

\_\_\_\_\_  
Employee's Signature Date